

Review of Factors Contributing to Adolescent Pregnancy: Implication for Counselling

Okwulehie Chiamaka and Maxwell Eremie

Department of Educational Foundation, Faculty of Education, Rivers State University,
Nkpolu-Oroworukwo, Port Harcourt

Abstract: *This paper reviewed the following concepts in factors contributing to adolescent pregnancy; social factors, individual factors and Emotional Behaviour Breakdown.*

Keywords: *Peer Pressure, Family Environment, Educational Status, Physiological Development*

INTRODUCTION

Much research has been done on adolescent pregnancy and various factors have been identified as causes (Hamburg, 1986; Hudson, 1986; Dryfoos, 1990; Russell, 1994; Macleod, 1999). Results of most studies indicate that teenage pregnancy is viewed from different perspectives. Causes of adolescent pregnancy have been found to be at two levels, i.e. there are factors that are at the individual level and those that are at a social level. A brief discussion of some of the factors often associated with adolescent pregnancy will be as follow.

SOCIAL FACTORS

Socio-Cultural and Economic Factors

Early dating provides a context for many sexual experiences. Unconventional psychosocial attitudes and some risk behavior, such as early use of alcohol, tobacco and drugs; school problems; delinquency, and physical aggression are associated with earlier onset of adolescent sexual intercourse. Other factors include lower family incomes, less supervision, parental modeling, and more permissive attitudes in single parent families. Having sexually active siblings and friends is also strongly associated with earlier onset of sexual activity at a young age (Blum 200, Ikamba, Quedraogo 2003).

Regarding socio-economic and cultural factors associated with pregnancy among adolescent girls, Muchuruza (2000) found that adolescents were at high risk of pregnancy at the ages of 14 to 16 years. Moreover, the risk was fifteen times higher in respondents with no formal education and no employment. Also, girls were affected by the mothers' education and the living patterns in the home; living with one parent only or with a guardian compared to living with both parents, and finally, girls from families of low socio-economic status had a higher risk of pregnancy.

In Taiwan, Wang, Wang and Hsu (2003) found a lack of necessary material

resources to meet the needs of adolescents, because of parents' poor socio-economic status, put adolescent girls at greater risk of pregnancy. According to Ellis, Bates, Dodge, Ferguson, Horwood, Pettit and Woodward (2003), the fathers' absence had a greater impact on their daughters' sexual activity and teenage pregnancy than on other behavioral or mental health problems or academic achievement. This shows the importance of fathers' involvement and responsibility in raising their children. Logan, Miller (2002) revealed similar results in a study on family influences on adolescent sexual and contraceptive behavior.

The cultural practices of socializing adolescents into adulthood range from taboos against premarital sexual encounters to encouragement of child indulgence in pre-marital sex. For example, in a qualitative study in Nigeria, Irinoye et al (2004) found that some mothers at times encouraged their sons in sexual activity, as they want them to be "real men", and asked their sons if something was wrong if there were no signs of relationship with girls.

Society socializes its youth through institutions, family, peers and media (Galambos, 2004), and thus the adolescent will clarify for himself or herself the gender role as constructed by the society that he or she belongs to. According to Bierie and Bingham (1994), gender identity is at the core of identity and it equals the acceptance of biological sex. They further argue that the childbearing role is part of female identity, i.e. becoming nurturing and helping. Therefore, values and beliefs held by girls, their goals and behaviors are affected by the childbearing role.

In contrast, in a study of black urban South Africa youth, a smaller percentage of the subjects indicated a wish to give birth in their adolescent years. However, a majority of these subjects were motivated by the intention to prove their fertility (Richter, 1996).

Preston-Whyte and Zondi (1992) conclude that for some teenagers, pregnancy is motivated by a fear of being sterile which is believed to diminish one's worth as a woman. Thus, in a community where fertility is entrenched in their value system, such that it defines womanhood, then not to bear a child would be to deviate from the gender role.

Educational Status

Women with more education are more likely to delay child bearing. In some countries in Sub-Saharan African, more women with less than seven years' education have a child before they are 18 than ones with seven or more years of education. In the USA, approximately 30% of young women who have less than a basic education (at least seven years) have a child before they are 18 compared to 5% of those who have at least twelve years of education (Ventura, Abma, Mosher & Henshaw 2004).

The risk of pregnancy is greater among adolescents with no formal education than with those with secondary education (Muchuruza 2000). Moreover, a lack of parental guidance and appropriate sex education contributes to teenage pregnancy (Wang, Wang, Hsul 2003).

Emotional Deprivation and Sexual Coercion

The emotional deprivation theory sees early sexuality and parenthood as an attempt to satisfy unmet emotional needs (Coley and Chase-Lansdale, 1998). It is argued that adolescent mothers are usually victims of abuse in their own families, which often starts before they even become pregnant. According to Russell (1994) early pregnancy is

often experienced as stemming from the parent-child relationship, which is often perceived by the adolescents as stressful and strained.

These young mothers are emotionally impoverished at home; consequently they seek attachment, bonding and nurturance in extra familial relationships (Dryfoos, 1990). Most of these girls do not want to become pregnant but they find themselves victims of sexual exploitation and coerced sex (Dickson, 2002). They are often exposed to traumatic experiences like rape (Kaufman et al., 2001). Transactional sex, in which the youth engage in sex in return for money or favours, increases the risk of becoming pregnant (Lovelife, 2001).

According to Gray, Wagman, Nalugoda, Lutalo, Zablotskal and Koenig (2004), among rural adolescents aged 15 to 19 in Uganda, both unwanted and mis-timed pregnancies were more common among those who had been coerced than those who had not. Coerced sexual intercourse represents only one of the more extremes of sexual abuse. In Dar-es-Salaam, many victims of rape are between 12 and 17 at the time of the rape, and pregnancy is one of the outcomes (Muganyizi 2001). This has adverse consequences for young women's future sexual and reproductive health.

Peer Pressure

In a study on high-risk sexual behaviour in Tanzania, Ikamba and Quedraogo (2003) found that youth are forced into having sexual intercourse by peer pressure. Peer pressure plays a role in initiating sexual activity, which frequently ends in adolescent pregnancies. Poverty for girls (especially with poor parents) is another factor. Initiation rituals for girls encourage sexual activity, as some of the girls immediately practice what they have been taught, and no appropriate information is given of how to prevent disease and unwanted pregnancy.

Power dynamics also play a role in the initiation of sex and on the practice of unsafe sex because male partners often dominate girls (Parekh & De La Rey, 1997; Macleod (a) 1999). The most commonly stated reasons by adolescent girls for engaging in sexual relationships are pressure from a boyfriend, fear of rejection and the need to prove their affection (Parekh, De La Rey, 1997). Young girls are often coerced or forced into exploitative sexual relationships with older men (Erulkar, Beksinska, Cebekhulu, 2001)

Family Environment

There are two contrasting views on the subject of single parenting. In some sources it is argued that most parenting adolescents have been found to come from impoverished single parent families, which are often headed by a female (Swartz, 2002). Children raised in single parent families are more likely to have been victims of an unstable family environment, have experienced a divorce or parental conflict (Russell, 1994).

Negative family environment plays a major role in contributing to early adolescent sexual experience and adolescent pregnancy (Cunningham, Boult, 1992; Macleod, 1999). A family's low economic status with all the factors associated with it, impacts negatively on adolescents' attitudes towards early pregnancy. Life experiences associated with poverty minimize the perceived repercussions of adolescent pregnancy (Preston-Whyte, Zondi, 1992).

In contrast to this view is the fact that numbers of functional single parent families are on the increase. Due to changing social and economic systems, family constellation

and values are also changing. Teenage pregnancy is not only prevalent among the impoverished single parent families (Makhiwane, 2003). In black communities more children are born to unmarried women and a majority of households are female headed (Parekh, De La Rey, 1997). In these communities children of an unwed mother are incorporated into the maternal family (Burman, 1992). In a study conducted by Cunningham, Boulton (1992), many families of adolescent mothers were found to be three generational and were of the maternal side of the family.

A poor relationship between mother and daughter where an adolescent perceives herself as unsupported has also been associated with adolescent pregnancy (Dryfoos, 1990). The presence of a parenting adolescent sibling in the family also poses a greater risk for other adolescent girls to become pregnant (Miller, 1996).

Parental Negligence

Family breakdown caused by divorce or the Migrant labor system results in children taking care of themselves due to lack of a father figure. When love is not present at home, girls may be forced to look for places where they will feel loved. Sometimes girls themselves want to prove their womanhood due to lack of proper parental guidance. Young girls sometimes want to experiment with sex. The religious leaders or churches sometimes do assist by teaching people to have good moral and condemn teenage pregnancy as well (Preston- Whyte et al. 1988; Wanjohi, 2010).

INDIVIDUAL FACTORS

Developmental Factors

Three developmental factors have been identified as having a bearing on the early initiation of sex and adolescent pregnancy, i.e. ego development, early physiological maturation and social development.

a) Ego Development

Ego development refers to the development of inner resources through internalization of parental figures, so that one is able to act independently of parental figures, to master one's impulses and to have control over one's environment (Blos, 1989). Ego strength also entails a higher level of cognitive development and psychosocial functioning.

Research results suggest that adolescents' cognitive functioning is more likely to be in the concrete operations, rather than in formal operations as postulated by Piaget's theory (Hamburg, 1986), because they are in the transitional stage between puberty and adulthood (Erikson, 1963). Therefore, the adolescent is more likely to experience fluctuating ego functioning or strength. Thus, the adolescent may sometimes struggle to make critical and objective decisions (Peterson, Crockett, 1986).

Adolescent pregnancy is also linked to other risk-taking behaviours, such as alcohol and substance abuse, unprotected sex, and drop in school achievement, which tend to increase dramatically during this period (Coley & Chase-Lansdale, 1998; Compass, 2004). They may engage in unprotected sex and other deviant behaviours because of immaturity, poor assessment of risk and a false sense of invulnerability, i.e. 'personal fable' (Hudson & Ineichen, 1991).

In studies conducted in Mexico, Thailand and South Africa, it was found that sexually active youth did not perceive themselves to be at a higher risk of contracting HIV than sexually inactive youth. This implies a poor self- assessment of personal risk

(Dadian & Hutchinson, 2001). Unsafe sexual behaviour is associated with low levels of cognitive development. Hamburg (1986) argues that adolescents are limited by their cognitive development in making critical decisions.

Adolescents' cognitive functioning is more likely to be in the concrete operations, and that even where formal operations have been developed, information and decision-making processes are impaired when faced with emotionally charged issues like sex (Hamburg, 1986). Fluctuating ego strength puts an adolescent at risk of acting irresponsibly when confronted with a situation that may arise in sexuality.

Physiological Development

It is argued that girls who mature early are more likely to initiate sexual activity early (Cunningham & Boulton, 1992). Meanwhile, cognitively they may not be able to comprehend the relationship between menarche, sex, contraception and pregnancy.

Physiological age does not always correspond with cognitive development. Thus girls who mature early physiologically may not yet be able to fully understand the biology of human reproduction (Hudson, 1986). The age of menarche has become earlier, with the average age being 11 years. In South African studies, it was found that many teenagers were sexually active by the age of 12 (Parekh & De La Rey, 1997), and that about 50% of teenage girls reported to be sexually active by age 16 (Flishera, Aarob, 2002).

Other studies that looked at the link between early development and pregnancy have had different findings (Hamburg, 1986; Russell, 1994). There is no consensus among studies on the relationship between early maturity and early initiation of sex among girls, instead early maturity has been correlated with early initiation of sex for boys (Russell, 1994).

Hamburg (1986) argues that even though in America incidents of early initiation of sex had risen since the 1970s there is no adequate evidence to suggest that these trends are linked to early physiological development.

Early Menarche

The earlier the occurrence of menarche, the earlier the biological possibility of conceiving. In Dar-es-Salaam, Tanzania, Nasoro (2003) found that the age of menarche was between 13 and 15 years, and was associated with increased sexual activity, which put teenagers at risk of unwanted pregnancies and STIs.

In the Southern Hho-Hho region of Swaziland, Dlamini, Van der Merwe and Ehlers (2003) found that the average age of menarche was 11 years, and their first sexual intercourse was reported to happen between the ages of 11 and 14. Due to lack of knowledge, advice and emotional support, the youngsters practiced unsafe sex and were not aware that they could be pregnant or contract HIV/AIDS.

Social Development

Involvement in intimate relationships with the opposite gender is a vehicle to the development of gender identity. Even though dating is necessary for social development, often these relationships are sexual relationships. Preston-Whyte, Zondi (1992) found that schoolmates exerted a lot of pressure on their peers to engage in sexual relations.

Some studies have found that adolescents often cite their peers as being of

strong influence on their sexual behaviour (Chillman, 1986; Preston-Whyte, Zondi, 1992). Adolescents' need for approval and a desire to belong to a group makes them vulnerable to peer influence. Available literature suggests that self-esteem typically drops, in adolescents (Peterson, Crocket, 1986; Plant, Plant, 1992). Furthermore, girls' self-esteem drops significantly when compared to boys (Galambos, 2004). Girls are more self-conscious and think poorly of themselves than do boys. A decline in girls' self-esteem is linked to a number of life transitions, pubertal changes, poor body image, and excessive concern about physical appearance.

This may diminish self-confidence and the ability to make individual decisions. Individuals with low self-esteem are more concerned about how they are perceived by others and are eager to please (Flishera, Aarob, 2002). Therefore the adolescent girl may not be in a position to negotiate safe sex or may engage in unprotected sex in order to gain the approval of her sexual partner, thus increasing the risk of becoming pregnant.

Another trait portrayed by adolescents is the Risk-taking behavior. In her research on risk-taking behaviour among adolescents, Dietrich (2003) established that alcohol and drug consumption prior to sexual activity occurred mostly among older adolescents. She also discovered a link between no condom usage and drug abuse in the sexual activity among sexually active adolescents. According to Bezuidenhout (2008) various other researchers have made similar findings regarding the low usage of contraceptives among sexually active teenagers that are substance abusers.

It is apparent, therefore, that the intake of drugs and alcohol prior to sexual activity can be linked to an indifferent attitude towards the use of contraceptives, thereby increasing risk-taking sexual behaviour and the possibility of an unwanted pregnancy.

According to Oni et al. (2005) alcohol and drug use can stimulate sexual activities through nullifying the schoolgirl's inhibitions and the direct stimulation of sexual desire. When under the influence of drugs teenagers engage in sexual activities without taking proper or no precautionary measures.

Adolescent Sexual Behavior

There is a great surge of genital sexual development during adolescence. Due to the increased hormones, secondary sexual characteristics appear. Masturbation and sexual fantasies are common. In general, adolescents face a confusing and difficult time and need parental guidance (Heaven 2001; Marlow & Redding 2001). Moore, Miller, Sugland, Morrison, Gleib and Blumenthal (2004) found that early sexual activity is affected by developmental characteristics, such as early puberty and high levels of androgen hormones (i.e. testosterone), which are associated with increased adolescent sexual behavior.

Emotional Behaviour Breakdown

Depression has been correlated with teenage pregnancy (Hamburg, 1986). Parenting adolescents are more likely to present with higher levels of depression when compared with non-parenting adolescents and older mothers. In most literature psychological distress among adolescent mothers is perceived as resulting from psychosocial stressors related to the adjustment into the role of being the mother (Kalil, Kunz, 2000).

The role of loneliness and depression in adolescent pregnancy is still a poorly researched phenomenon. In some literature depression is perceived as a cause for pregnancy rather than a consequence and sometimes is implicated in repeat pregnancies (Kalil, Kunz, 2000). Evidence suggests that there is a link between seeking intimacy and early initiation of sexual activity and the resulting pregnancy. It is argued that an adolescent girl who is emotionally deprived may initiate early sex or even decide to have a child in order to get emotional closeness (Furstenberg, Brooks-Gunn & Morgan, 1987). There is a need for longitudinal studies that would clarify the link between perceived depressive symptoms among adolescent mothers and adolescent pregnancy.

In some literature it is argued that adolescent girls are predisposed to depression. Adolescents do not usually plan to get pregnant when they engage in sexual behaviour. Teenage pregnancies that are unplanned may lead to impulsive decision-making, and pressure from parents, peers, society and school may have an impact on the decisions teens make (Wirkus, Maxwell, 2012). Abe and Zane (1990) have it that, the combination of poverty and existing distress is a good predictor of teenage pregnancy, and the stigma during or after pregnancy can lead to depression, social exclusion, low self-esteem and poor academic performance.

Depression and anxiety in pregnant teenagers can be linked to struggles such as school problems, relationships with peers, and difficulties at home (Hong, 2009). The negative impact of teenage pregnancy on the teenage mother is clearly revealed when she tends to face psychological, economic, and social problems which may lead to the interruption of the developmental stage of self-identity formation, depressive symptoms, overdependence on parents, high levels of frustration, and problems with forming and maintaining personal relationships (Thompson, 2004).

Loignon (1996) cited in the Québec (2011) maintains that teenage mothers often face consequences such as social isolation, poor life habits, low education level, maltreatment, stress, and depression. On the contrary, Lemos (2009) contends that being pregnant may attract welcome care and attention from parents, professionals, friends and, of course, the boyfriend and young fathers – some or all of whom may want to be, young mothers and fathers such that having a baby stirs powerful emotions of love and tenderness in almost everyone, with these feelings being overwhelmingly positive, regardless of the long-term negative consequences.

The present study tried to establish whether or not educators have the same feelings about teenage pregnancy and its emotional consequences. Endersbe (2000) maintains that many teenage mothers feel angry towards the father of the baby because it would appear the pregnancy does not physically change him, and this makes teenage mothers develop feelings of failure and find themselves alone. The girl faces confusing advice from many people regarding child-rearing practices and this undermines confidence in her ability to cope (Mpaza, 2006).

The shock of an unwanted pregnancy can be emotionally traumatic for the young teenage mother-to-be and in situations where there is no emotional support, some teenagers may experience increased anxiety and frustration, while others may develop depression, emotionally reject the existence of an unborn baby, become alienated from life, break communication with family and friends, and may eventually commit suicide (Bezuidenhout, 2009). Severe emotional disturbance (SED) has been defined as the

display of behavioural difficulties in pregnant adolescents, sometimes as a result of internal distress (feelings of sorrow, anger, anxiety, frustration, disappointment), that are persistent over time and disrupt learning (Yampolskaya, Brown & Greenbaum, 2002).

Lack of Interest

Individual factors often associated with teenage pregnancy include low academic achievement and poor future prospects. It is argued that teenage learners who are poor academic achievers often lack interest in schooling, and have poor future prospects. They are also more likely to fall pregnant and consequently drop out of school than their peers who perform well (Coley, Chase-Lansdale, 1998). This line of argument suggests a causal relationship between poor academic performance and adolescent pregnancy. Thus longitudinal studies need to be conducted in order to further investigate whether poor academic performance precedes pregnancy or whether adolescent's pregnancy results in diminished interest and achievement in schoolwork.

School Drop-Out

Marteletto & Lam (2008) maintain that if a girl returns to complete her schooling after the birth of a child it is because of the support received from her family and being provided with flexible child care options. However, childbearing impedes on most girls' educational careers. Research has found that pregnancy in school often resulted in poor results, failure, repeating of grades and school dropout (Dietrich, 2003). According to Bhana D, Morrell R, Shefer T & Ngabaza S (2010) the following are, inter alia, factors which make it difficult or even impossible for teenage mothers to continue or complete their educational career: Teenage or adolescents mothers are unable to cope with caring for a baby and attending to the needs of schooling. Teenage mothers have limited resources to navigate the world of learning and parenting. No or very little support is forthcoming from the school and / or society.

Lack of a Family Support System.

Due to poverty in rural areas adolescents have to leave school and find work to earn extra income for their children despite the availability of a child grant. Pregnant adolescents are stigmatized, discriminated against and taunted in school. Nash (2002) says the price of an adolescent (schoolgirl) pregnancy is lost potential, because they become mothers without the necessary knowledge, skills, resources and networks to cope with the demands of parenthood. The impact of an adolescent's pregnancy on educational achievement and economic progress later in life remains negative and significant in later life.

According to Panday et al. (2009) schoolgirl mothers tend to have fewer years of schooling compared to those who have their first child after completing their schooling. In their research Grant and Hallman (2006) found that only around a third of schoolgirls re-enter the schooling system post-pregnancy despite the fact that South legislation allows girls to return to school. The disruption that pregnancy inflicts on the educational and occupational outcomes of teenage mothers both maintains and exacerbates poverty (Saville, 2006).

Lack of Attention

Even though pregnant teenagers may not officially be prevented from remaining at

school, realistically, due to the demands of parenting, they may be forced to drop out of school, for example, in instances where there is no one to look after the child while the adolescent mother continues with her schooling. Sometimes the pregnant adolescent feels isolated from her peers. She may be embarrassed by her condition and have difficulty fitting in with her non-pregnant peers and as a result may drop out of school. Parenting adolescents often have to deal with strained family relationships. Sometimes parents react with anger to the pregnant adolescent. She may be blamed or ostracized for causing problem (Cervera, 1994). Consequently, she may not get assistance and support from her family members forcing her to drop out of school in order to raise her child.

Health Challenge

A discussion of factors affecting adolescent pregnancy cannot be divorced from the broader issues of adolescent reproductive health because the same factors that perpetuate adolescent pregnancy also play a role in the spread of AIDS. Recently, the high incidence of HIV/AIDS among adolescents, has necessitated that research and intervention strategies be mainly focused on the reduction of the spread of HIV/AIDS.

REFERENCE

- Bezuidenhout, F.J. (2009). *A Reader of Selected Social Issues. Emotional Development of Adolescents*. Third Edition Pretoria. Van Schaik.
- BhanaD, Morrell R, Shefer T &Ngabaza S. (2010). *South African Teachers' Responses to Teenage Pregnancy and Teenage Mothers in Schools. Culture, Health & Sexuality*, 12(8): 871-883.
- Blum,R. (2000). *The Effects of Race, Ethnicity, Income and Family Structure on Adolescent Risk Behaviours.* (<http://www.center4research.org/children> 10, Accessed on 18/11/2005).
- Cervera, N. (1994). *Family Change during an Unwed Teenage Pregnancy. Journal of Youth and Adolescence* 23.
- Coley, R.L. & Chase L. (1998, compass (2004)), Adolescent pregnancy and parenthood. *American psychologist* 53 (2).
- Dietrich C.(2003). *The Problems Surrounding Teenage Pregnancies*. Cape Town: Heinemann
- Dryfoos, J.G. (1990). *Adolescent at Risk: Prevalence and Prevention*. New York: Oxford University Press. *Effective Teenage Pregnancy Prevention Programs, Washington DC: National*
- Endersbe, J.K. (2000). *Teen Mothers Raising a Baby: Perspectives on Healthy Sexuality Minnesota*, Capstone Press
- ErulkarA.S.,Beksinska, M. and Cebekhulu, Q. (2001). *An Assessment of Youth Centers in South Africa*. Durban: The Press Gang

- Flishera, J. and Aarob, L.E. (2002). 'Unsafe Sexual Behaviour in South African Youth'. Department of Psychiatry and Mental Health, University of Cape Town.
- Galambos.(2004). In Lerner and Steinberg (Eds) .*Handbook of Adolescent Psychology*. Hoboken, New Jersey: John Wiley and Sons Inc.
- Hamburg, D.A. (1997) *Toward a Strategy for Healthy Adolescent Development; American journal of psychiatry* 154, 7–12.
- Kalil, A. and Kunz, J. (2000). 'Long Term Effects of Teenage Childbearing on Mental Health in Young Adulthood'. University of Chicago and Joint Centre for Poverty Research.
- Marteletto L, Lam D & Ranchod V. (2008). *Sexual Behaviour, Pregnancy and Schooling among Young people in South Africa. Journal of Family Planning*, 39(4) 351-362.
- Muchuruza, PP. (2000). *Social, economic and cultural factors associated with pregnancy among adolescent girls in Magu District, Mwanza. Unpublished dissertation. Muhimbili University of Health and Allied Sciences. Dar-es-Salaam, Tanzani*
- Muganyizi, P.S. (2001). *Sexual Violence Against Women in Dar-es-Salaam: Magnitude Associated Factors and Disclosure of Events*. Tanzania. Unpublished dissertation. Muhimbili University of Health and Allied Sciences. Dar-es-Salaam, Tanzania.
- Panday S, Makiwane M, Ranchod C & Letsoalo T. (2009). *Teenage Pregnancy in South Africa with specific focus on School going Learners*. HSRC: Pretoria.
- Russell, J.A (1994) *Universal Recognition of Emotion from Facial Expression: A Review of the Cross- Cultural Studies Psychological Bulletin*, 115 (1), 102 -141.
- Saville S (2006). *Study Finds Teenage pregnancies 'Fashionable'*. The Mercury, 25 October 2006:3
- Swartz, L. (2002). *Fertility Transition in South Africa and Its Impact on Four Racial Groups*. In *Fertility: Current South African Issues of Poverty: HIV/AIDS & Youth*
- Thompson, L.E. (2004). *Teenage Pregnancy: The Missing Male Factor*. Barry University. United States. Request Information and Learning Company.
- Yambolskaya, S., Brown, E.C. & Greenbaum, P.E. (2002). *Early Pregnancy among Adolescent Females with Serious Emotional Disturbances*. New York: Springer Publishing